CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

San José Disaster Shelter Annex for Vulnerable Populations

May 2009

Written and prepared for City of San José Office of Emergency Services

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I. INTRODUCTION

OVERVIEW

According to the US Census of 2000 there are almost 6 million people who identify as having a disability in California. By 2010 the number of individuals with disabilities will exceed 11 million. "Lessons learned from recent disaster concerning people with disabilities and older adults have shown that the existing paradigm of emergency planning, implementation and response must change to meet the needs of these groups during an emergency."[1] The City of San José, working in partnership with the Collaborating Agencies' Disaster Relief Effort (CADRE) Network, has developed this annex to prepare and plan for the City of San José's ability to shelter vulnerable populations in an emergency or catastrophic disaster. Recognizing this field is rapidly changing and growing, this annex to integrates new concepts and approaches (many of which are currently in development) to finding better solutions to serve these populations in a disaster. The annex is a living document that strives to reflect the changing shift in language and services to better meet the needs of so many diverse populations in times of disaster.

Local government typically assumes the duty to provide mass care services following a disaster. "Disability civil rights laws require physical accessibility of shelter

THE CITY OF SAN José is the:

- Largest in the 9-county Bay Area
- 3rd largest in CA
- 10th largest in the U.S.

2008 households = 307,613

Average # persons per household = 3.2

2008 population = 989,496

Under 18 = 26%

65 and over = 9%

Languages spoken:

English = 44%

Spanish = 24%

Asian/Pacific Islander = 24%

Other = 8%

Ethnicity:

Hispanic = 32.2%

White = 31.3%

Asian = 30.3%

African American = 2.8%

Other = 3.4%

Population and household data from U.S. Census Bureau; California Department of Finance age, language and race data from U.S. Census Bureau, American Community Survey; 2006

[1] State of California Emergency Plan, Draft 2008

facilities, effective communication using multiple methods, full access to emergency services, and reasonable modification of programs where needed. In accordance with Title II of the Americans with Disabilities Act (ADA), general population shelters should offer individuals with disabilities the same benefits provided those without disabilities. These benefits include safety, comfort, food, medical care, and the support of family and friends."[2]

Sheltering vulnerable populations following a disaster can pose challenges when resources are limited. The City of San José recognizes the importance of working with an array of community partners to meet the needs of a variety of vulnerable populations in a disaster. It is only with collaborative efforts among local government, community-based organizations (CBOs), faith-based organizations (FBOs) and businesses that our community will be able to address and meet many of these critical needs.

PURPOSE

The *City of San José Disaster Shelter Annex for Vulnerable Populations* describes preparedness and response strategies for sheltering vulnerable populations in a disaster. The purpose of this annex is to:

- Serve as a guide for City of San José Departments and local stakeholders to increase coordination of services for sheltering the diverse population of San José and meet their needs in a disaster.
- Identify key players and resources to meet functional and/or special needs in mass care and sheltering.
- Provide preparedness and response strategies for making shelters more physically and operationally accessible to all San José residents.
- Provide tips and guidance on working with different types of shelter populations.

[2] Interim Emergency Management Planning Guide for Special Needs Populations: Federal Emergency Management Agency and DHS Office for Civil Rights and Civil Liberties, Version 1.0 August 15, 2008

ORGANIZATION AND SCOPE

The City of San José Disaster Shelter Annex for Vulnerable Populations is an annex to the City of San José Emergency Operations Plan.

This annex is applicable within the geographical boundaries of the City of San José. The annex references city and countywide organizations that may help to provide services or resources needed to meet the needs of vulnerable populations in a disaster.

II. DEFINITIONS

DEFINING VULNERABLE OR SPECIAL NEEDS POPULATIONS

The following definition for what are sometimes referred to as "vulnerable" or "special needs" populations have been adopted for the purposes of this plan and are derived from the *National Response Framework 2008* (NRF) with slight modifications. "The NRF definition for 'special needs' provides a function-based approach for planning and seeks to establish a flexible framework that addresses a broad set of common function-based needs irrespective of specific diagnosis, statuses, or labels (e.g. children, the elderly, transportation disadvantaged). In other words, this function-based definition reflects the capabilities of the individual, not the condition or label." [3] Additionally, this definition is being utilized by the California Emergency Management Agency (Cal EMA) as planning on both a state and federal level moves towards the assessment of function-based needs in a disaster.

Special Needs Populations - populations whose members may have additional needs before, during, and after an incident in one or more of the following (CMIST) functional areas:

- **C**ommunication
- **M**edical care
- Maintaining **I**ndependence
- **S**upervision
- **T**ransportation

[3] Interim Emergency Management Planning Guide for Special Needs Populations: Federal Emergency Management Agency and DHS Office for Civil Rights and Civil Liberties, Version 1.0 August 15, 2008

Individuals in need of additional response assistance may include those who:

- have disabilities
- live in institutionalized settings
- are elderly
- are children
- are from diverse cultures
- have limited English proficiency, or who are non-English speaking
- are transportation disadvantaged
- are homeless prior to disaster

The definition focuses on the following function-based aspects: [4]

COMMUNICATION

Individuals who have limitations that interfere with the receipt of and response to information will need that information provided in methods they can understand and use. Some may not be able to hear verbal announcements, see directional signs, or understand how to get assistance due to hearing, vision, speech, cognitive, or intellectual limitations, and/or have limited English proficiency.

MEDICAL CARE

Individuals who are not self-sufficient or who do not have adequate support from caregivers, family, or friends may need assistance with: managing unstable, terminal or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power-dependant equipment to sustain life. These individuals require support of trained medical professionals.

[4] Interim Emergency Management Planning Guide for Special Needs Populations: Federal Emergency Management Agency and DHS Office for Civil Rights and Civil Liberties, Version 1.0 August 15, 2008

MAINTAINING INDEPENDENCE

Individuals requiring support to be independent in daily activities may lose this support during an emergency or disaster. Such support may include consumable medical supplies (diapers, formula, bandages, ostomy supplies, etc.), durable medical equipment (wheelchairs, walkers, scooters, etc.), service animals, and/or attendants or caregivers. Providing the necessary support to these individuals will enable them to maintain their pre-disaster level of independence.

SUPERVISION

Before, during, and after an emergency individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment (particularly if they have dementia, Alzheimer's or psychiatric conditions such as schizophrenia or intense anxiety). If separated from their caregivers, young children may be unable to identify themselves; and when in danger, they may lack the cognitive ability to assess the situation and react appropriately.

TRANSPORTATION

Individuals who cannot drive or who do not have a vehicle may require transportation support for successful evacuation. This support may include accessible vehicles (e.g., lift-equipped or vehicles suitable for transporting individuals who use oxygen) or information about how and where to access mass transportation during an evacuation.

The above examples illustrate function-based needs that may exist within any given community.

SHELTER DEFINITIONS

For purposes of this plan, the City will use shelter definitions from *The SUASI Guide for Shelter Operations.*[5] These definitions were developed by SUASI's Mass Care Workgroup which

[5] SUASI Guide for Shelter Operations After a Disaster, May 30, 3008

took on the task of defining levels of shelter for this guide provided to ten bay area counties. It follows similar language used in shelter plans in other states.

The Guide defines shelter as a facility that meets the following basic human needs:

- Safety
- Sanitation
- Basic Medical Health
- Information
- Water and Food
- Place of Rest

How long a shelter needs to stay open depends on the size and scope of the disaster. There are two commonly used types of shelters:

EVACUATION SHELTER

An evacuation shelter has limited staff, resources and space. The recommended operational period for an Evacuation Shelter is 24 hours because this type of shelter is not intended to support people for more than one day. Evacuation shelters provide a safe place for residents to stay until resources can be deployed to establish or support shelters with more services.

DISASTER SHELTER

A disaster shelter has resources to house people 24 hours a day from a few days to several weeks. During the first week after a disaster, the number of residents in a Disaster Shelter may be large but will decline as residents receive assistance and move to more permanent living facilities or are able to return to their homes. A disaster shelter provides more services and requires more resources than an evacuation shelter.

III. PLANNING ASSUMPTIONS

Some of the following assumptions may apply to just one or a few sub-types of vulnerable populations.

PLANNING AND PREPAREDNESS ASSUMPTIONS

- Santa Clara County resources will be very limited for the first few days following a major disaster.
- Many residents, especially those with functional needs, may assume there will be government resources available to rescue them (e.g. first responders) and/or that government will be able to provide specialized assistance to them in an emergency (e.g. pharmaceuticals, durable medical equipment).
- Although a vast number of community members are not prepared for a major disaster, some vulnerable populations are less likely to have disaster plans and stockpiled resources due to limited cognitive, physical and/or financial resources.
- Transportation will be an issue for some members of the community
- We will not be able to meet the needs of all populations all of the time.

MEDICAL/HEALTH IMPACT ASSUMPTIONS

- Medically fragile clients may not have access to regular services (e.g. dialysis, chemotherapy).
- Staffing levels at acute care facilities, skilled nursing facilities and outpatient clinics will be affected in a disaster that affects the general population.
- Some home health care providers may not be able to serve their clients.

ASSUMPTIONS REGARDING COMMUNITY-BASED & FAITH-BASED ORGANIZATIONS

- Community-based (CBOs) and Faith-based (FBOs) organizations provide a critical link to many under-served and marginalized populations.
- CBOs and FBOs have technical knowledge and expertise at serving their populations, they are the "trusted" providers.
- CBOs can augment and supplement local government services.
- CBOs and FBOs often have limited resources for disaster response.
- Some CBOs may continue services and even expand services to meet new and emerging needs of client populations (e.g. Volunteer Center of Silicon Valley became conduit for housing offers from the public post Hurricane Katrina) while others may shut-down or reduce services.
- CBOs may need financial resources (or the ability to claim for reimbursement) in order to alter or expand their client services to best meet a community's needs following a disaster.
- A number CBOs who may have the ability to offer critical or essential services are not well versed in the government protocols for disaster response and may not be clear on how to interface effectively and appropriately in an emergency.

ASSUMPTIONS REGARDING MESSAGING

Community members will receive information in a variety of ways – for example mainstream known and trusted media, but also foreign language radio and television stations, internet sites, other electronic resources like text messaging and word of mouth. Populations with various functional needs may require customized messages geared towards their language and cognitive abilities.

IV. ROLES AND RESPONSIBILITIES OF KEY PLAYERS

SANTA CLARA COUNTY OPERATIONAL AREA

As the Operational Area, Santa Clara County is responsible for coordinating resources in the county during a disaster. It is the primary point of contact for brokering resources among cities within the county and requesting state and federal resources when the need exceeds resources available at a local level.

Santa Clara County's Operational Area will also help access county government resources for vulnerable populations such as social services and public health, and will coordinate with CADRE in joint efforts to serve diverse populations with special and/or functional needs.

CITY OF SAN JOSÉ

OFFICE OF EMERGENCY SERVICES

The Office of Emergency Services (OES), provides services to the City organization and to the community to prepare an effective response to natural and human-caused disasters. San José OES coordinates resource needs for the City with the Santa Clara County Operational Area, Cal EMA, and the Federal Emergency Management Agency (FEMA). Maintenance and activation of the Emergency Operations Center (EOC) is a primary mission of OES. OES also maintains and updates the City's Emergency Operations Plan and it's supporting Annexes.

PUBLIC WORKS EQUALITY ASSURANCE – ADA COORDINATOR

The ADA Coordinator for the City of San José is assigned to the Public Works Department, Equality Assurance Division. The Americans with Disabilities Act (ADA) requires the City to designate at least one employee to be the ADA Coordinator who has the overall responsibility for organizing efforts to comply with Title II of the ADA, investigating complaints that the City is not in compliance with the ADA and serving as the main contact person for both the public and City staff on ADA matters. The ADA Coordinator's primary role includes working with other City staff to ensure that City services, programs and activities, including its Emergency Operations Plan, are accessible to people with disabilities as mandated by the ADA.

PARKS, RECREATION AND NEIGHBORHOOD SERVICES (PRNS)

The Department of Parks, Recreation, and Neighborhood Services is the Care and Shelter Branch Director. In this capacity, the Director, or designated alternate, will:

- Serve, in consultation with the American Red Cross (ARC) representative (if assigned), as the Care and Shelter Branch Director in the City EOC.
- Have overall responsibility for coordination of Care and Shelter operations within the City.
- Ensure that the City Council has approved a resolution designating ARC as the official disaster relief agency during peacetime disaster response and recovery operations.
- Encourage the interface of other non-governmental relief agencies in support of ARC.
- In the event that ARC and other non-governmental relief agencies are not available to serve, the Branch Director will arrange for the opening and operation of mass care facilities until such time as these organizations are available to serve. ARC has no responsibility for shelters it did not open or authorize. The City will be responsible for such shelters.

HOUSING DEPARTMENT

The Housing Department's primary role is to coordinate temporary housing needs for the City of San José's residents by partnering with other City Departments, Community Based Organizations and other agencies as appropriate to assist vulnerable populations. In this capacity, the Department's Homeless Division will:

- Have the overall responsibility for coordination of temporary housing following ARC assistance;
- Utilize existing resources and staff to assess temporary housing needs, coordinate with appropriate partners, and track next steps;
- Arrange for the activation and release of an emergency housing response;
- Partner with the ARC to ensure a transition from emergency shelter to temporary housing as needed; and
- Develop and establish a means of communication via website regarding housing needs and requests.

GENERAL SERVICES AGENCY (GSA)

According to the City of San José's Emergency Operations Plan, the General Services Agency (GSA) is designated as the lead for the Logistics Section and provides support in eleven (11) functional areas according to the Matrix of Responsibilities – Emergency Functions of City Departments dated 04-04-06. With respect to disaster sheltering, GSA is responsible for ensuring that the facilities used by the City of San José are functional and equipment is operational to maintain a level of service needed for disaster services (use of PRNS facilities as cooling centers, warming centers or disaster shelter sites). In addition, GSA may work in conjunction with PRNS on any modifications needed to accommodate physical accessibility issues at the City of San José Community Center sites that may be utilized for disaster sheltering.

AMERICAN RED CROSS (ARC)

The re-codified Congressional Charter from May 2007 (Section 2, Part 4) identifies one of the primary purposes of the American Red Cross (ARC) is "to carry out a system of national and international relief in times of peace, and apply that system in mitigating the suffering caused by pestilence, famine, fire, floods and other great national calamities, and to devise and carry out measures for preventing those calamities."[6] ARC mitigates suffering by meeting the urgent needs of victims and emergency workers immediately after a disaster has struck or in advance of a potential disaster. The Emergency Services Function #6 of the National Response Framework[7] identifies ARC as the Nation's largest mass care service provider. ARC has the responsibility to respond to disaster, but they are no longer the lead entity for mass care.

ARC provides shelter and mass care services to residents throughout the City of San José and Santa Clara County. ARC generally assumes the responsibility to help government with care and shelter operations. In San José, some shelters may be opened by ARC and some may be opened by city staff and then turned over to ARC as additional resources become available to help with local response. The ARC liaison in the City's Emergency Operations Center (EOC) will provide coordination between ARC and the City of San José if ARC assigns such a liaison.

COMMUNITY-BASED ORGANIZATIONS (CBOs)

Community-based organizations (CBOs) play a vital role as the technical experts and trusted providers for many segments of vulnerable populations. Their assistance helps local government communicate with and provide services to vulnerable populations in any type of disaster, and they can be a critical resource for different types of sheltering

[6] Congressional Charter of the American Red Cross, May 2007 (36 U.S.C)

[7] National Response Framework, January 2008

needs. CBOs can provide an invaluable link to certain populations that may not be reached through traditional communication and outreach channels such as homebound populations, those with limited English fluency, and many others.

FAITH-BASED ORGANIZATIONS (FBOs)

Faith-based organizations (FBOs) are respected and trusted by the people they serve and are a credible source of information for a variety of different populations. FBOs can play a critical role in education and outreach especially in the arena of disaster preparedness for their congregations. For some segments of the populations, where trust in local government is limited, FBOs can serve as a link to providing critical communications before, during and after a catastrophic event. FBOs can also help deliver a variety of critical services to vulnerable populations within their communities. See Appendix A for information on National Voluntary Organizations Active in Disaster (NVOAD) for examples of how some FBOs play key roles in a disaster across the nation.

COLLABORATING AGENCIES' DISASTER RELIEF EFFORT (CADRE)

Working in partnership with the Santa Clara County Emergency Managers Association, CADRE is a network of community resources currently facilitated jointly by the American Red Cross Silicon Valley Chapter and the United Way of Silicon Valley. It draws on the strengths of community-based organizations working with government partners to deliver vital services in times of disaster and functions as a resource for disaster preparedness, response and recovery. Addressing the needs of vulnerable populations is a primary goal of the CADRE Network. Working with the Santa Clara County Operational Area and local emergency managers, CADRE plays a central coordination role, linking community-based organizations with local government to provide resources and services following a disaster. (See Appendix B for 2008 CADRE brochure)

V. PREPAREDNESS STRATEGIES

Preparedness education is an important component to maintain continuity of critical services to many different diverse populations. Encouraging all residents to take responsibility for their own safety and security is the first step to saving lives in any type of disaster. The following section briefly highlights preparedness strategies for (1) individual clients and their families, (2) organizations who provide critical services to vulnerable populations, and (3) planning for coordinated community response efforts.

INDIVIDUAL AND FAMILY PREPAREDNESS

Limited resources make it impossible for local government to provide for all the needs of all residents in a shelter, particularly in the first few hours and days following a major disaster. The most effective actions a person with or without a disability or vulnerability can take is to develop a preparedness plan to promote self-sufficiency to the greatest extent possible. Key planning activities should include:

EMERGENCY GO-KIT

Compile an emergency "Go-Kit" which contains personal medications, special dietary items, anything that the individual needs that would not typically be available in a mass care setting.

PERSONAL SUPPORT NETWORK

Individuals with functional needs should be encouraged to create personal support networks of people at the places frequented most (home, school, work, etc.), who can assist them in the event of an emergency. This includes developing a plan for someone to check in on them during an emergency or disaster, as well as provide any assistance that might be needed with evacuation and transportation options. If assistance with daily living activities (bathing, dressing, etc.) is needed, the plan should also identify who can provide these personal assistance services to the individual in a disaster shelter should they

need to evacuate. Development of a "go kit" should include items that are essential and can be easily managed by the individual in a disaster sheltering environment.

INFORMATION FORM

Keep an information form with the individual at all times, especially the elderly or individuals with disabilities. The form should include emergency contact information, vital signs when the person is well, information on all diagnoses, medication and dosages, developmental level, physician and specialist names and contact information. See Appendix C and/or www.vialoflife.com for sample form and more information.

UTILITY COMPANY

Contact the utility company to inform them there is someone with a disability or with health needs in the home and request to be on the priority list for regaining power. This action is especially critical if the individual is dependent on an uninterrupted power supply for life-sustaining equipment such as a ventilator.

For more information on personal preparedness, please visit:

http://www.ready.gov

http://www.disabilitypreparedness.gov/ppp/index.htm

http://www.fema.gov/areyouready

http://www.redcross.org

http://www.jik.com

http://www.72hours.org

ORGANIZATION PREPAREDNESS

It is critical that agencies prepare their organizations for a disaster, so they are able to recover as quickly as possible and provide services to their clients and consumers. Key planning issues include:

DEVELOP AN INTERNAL AGENCY EMERGENCY PLAN

The plan should include information about the agency's role in preparedness, response and recovery, key players, the Incident Command System and how to connect with local emergency management and countywide disaster planning efforts.

PREPARE STAFF AND VOLUNTEERS

Before staff or volunteers can serve their clients and community, they need to first be able to take care of themselves and their families.

- What steps should staff and volunteers take to prepare themselves? Developing a family response plan, creating an emergency supplies kit, determining communications such as an out of-area contact are all ways that staff can become better prepared.
- What roles will volunteers play in the organization after a disaster?
- Consider cross-training staff and volunteers, particularly on the essential services the agency intends to provide to clients in a disaster.

DEVELOP CONTINUITY OF OPERATIONS PLANNING

- What are the essential services the agency plans to provide after a disaster?
- What services need to be cancelled or altered?
- What needs to be done now to plan for continuity of operations?
- What equipment or supplies are needed to provide services? (e.g. generator, ham radio and other communication capabilities)

ESTABLISH MUTUAL ASSISTANCE

What redundancies can be built into the agency's system? Is there support from a similar organization in another area that can assist? Using professional associations or groups of like services (e.g. America's Second Harvest, Alliance of Information and Referral Services, Hands On Network, Regional Centers for Developmental Disabilities, etc.), agencies should be encouraged to find another agency or organization like their own to establish a Memorandum of Understanding (MOU) to assist one another during disasters, if needed. These MOUs could stipulate assistance actions such as:

- support for call forwarding from the impacted area
- deployment of staff to the impacted area to assist (mutual aid)
- off-site data storage and retrieval

COORDINATED COMMUNITY RESPONSE PLANNING

CADRE NETWORK

The CADRE Network's primary objective in a disaster is to help coordinate the service and resources of CBOs, FBOs and private sector in conjunction with local government. By participating in CADRE, local CBOs are connecting to the existing emergency management system in Santa Clara County. Because of CADRE's strong partnership with emergency managers throughout Santa Clara County jurisdictions, it is recognized as the primary organization for linking CBO activities to local government in emergency preparedness, response and recovery.

MUTUAL AID AGREEMENTS WITH OTHER PROVIDERS

Some CBOs will look at providing client services in a disaster and determine what agreements they may need in place with other organizations to meet their client needs. For example, if the organization normally receives food from Second Harvest Food Bank, will they still be able to get food in a disaster? Do they need to stockpile Meals Ready to Eat (MREs) to serve clients until Second Harvest is able to resume continuity of services to its

partner agencies? Another important partner for many agencies to consider and plan with is transportation services clients and continuity of those services in a disaster.

Additionally, it might make sense to coordinate and partner with agencies that provide like or similar services. In a disaster, organizations may need to scale down to essential services and possibly even partner together to provide those services. CADRE offers opportunities in preparedness planning for agencies to discuss and plan together to best meet community needs.

VI. CONCEPT OF OPERATIONS – RESPONSE STRATEGIES

ACTIVATION

AUTHORITY

This annex to the City of San José Emergency Operations Plan (EOP) may be activated for any of the conditions outlined in the City EOP. The activation of this specific annex will be determined by the Operations Section Chief or designated Care and Shelter Coordinator or as deemed necessary by the Director of Emergency Services. "The City Manager shall serve as the Director of Emergency Services." [8]

COORDINATION & COMMUNICATION WITH THE CITY EMERGENCY OPERATION CENTER (EOC)

Once activated, shelters will work closely with the City EOC to coordinate information and resources needed to operate the shelter. The EOC is the central coordination point for managing the overall response to the disaster. Information such as status of opening, reaching capacity, other services housed at the shelter, etc. should be communicated to the EOC. Both city-run and community-run shelters should report their operational status as soon as possible to the EOC so they can track shelter capacity throughout the City and forecast needs for mass care and feeding such as food, supplies, equipment, personnel, etc.

Requests for personnel, volunteers, security, equipment, supplies, food and other items needed to operate a shelter should go to the EOC. If standard communications such as phones, cell phones, computers, etc. are not operational, communications with the EOC can be handled utilizing ham radio operators (if available) or via messengers. It is critical

[8] San Jose Municipal Code Section 8.08.200(A)

that all shelters establish a communications link with the EOC and report their operational status as soon as possible.

ACCESSIBLE SHELTER SITES FOR VULNERABLE POPULATIONS

One of the most important roles of government is to protect people from harm, including helping people obtain food and shelter in major emergencies. When disasters occur, people are often provided safe refuge in temporary shelters located in schools, community centers, office buildings, tents or other facilities. Advance planning for an emergency shelter typically involves ensuring that the shelter will be well stocked with basic necessities, such as food, water and blankets. Planning should also involve ensuring that these shelters are accessible to people with disabilities. Making emergency sheltering programs generally accessible is required by the Americans with Disabilities Act of 1990 (ADA) [9].

State and local governments must comply with Title II of the ADA in the emergency and disaster related programs, services and activities they provide. This requirement applies to programs, services and activities provided directly by state and local governments as well as those provided through third parties, such as the American Red Cross, private nonprofit organizations and religious entities. Under Title II of the ADA, emergency programs, services, activities and facilities must be accessible to people with the disabilities and generally may not use eligibility criteria that screen out or tend to screen out people with disabilities. The ADA also requires making reasonable modifications to policies, practices and procedures when necessary to avoid discrimination against a person with a disability and taking steps necessary to ensure effective communication with people with disabilities. The ADA generally does not require state or local emergency management programs to take actions that would fundamentally alter the nature of the program, service or activity or impose undue financial and administrative burdens.[10]

[9] Department of Justice ADA Checklist for Emergency Shelters, July 26, 2007

[10] Department of Justice ADA Best Practices Toolkit for State and Local Governments, Chapter 7, 2007

SITE SURVEYING

A first step to providing an accessible shelter is to identify any physical barriers that exist that will prevent access to people with disabilities. In the course of developing this plan, research was done on national, state and local planning efforts around this issue. As a result, a new checklist tool was created to assess a facility's accessibility for use as a disaster shelter site.

The "Accessibility Checklist for Disaster Shelters – Essential Items" tool (see Appendix D) was developed by the City of San José's ADA Coordinator, Steve Wing, along with input and support from the project consultant and Richard Devylder of the California Emergency Management Agency, Office for Access and Functional Needs (OAFN). Significant input was also provided by the California State Department of Rehabilitation's Disability Access Section (DAS) staff. DAS staff provided both training and technical support on the use of this accessibility checklist for San José.

A group of 24 community members representing various City of San José departments (OES, PRNS, GSA, Housing and the ADA Coordinator), along with ARC, Santa Clara County Social Services Agency, County OES, Santa Clara County Emergency Managers Association, CBOs serving people with disabilities (Silicon Valley Independent Living Center and San Andreas Regional Center) and Commissioners from both the Santa Clara County Advisory Commission for Persons with Disability and the San José Disability Advisory Commissions were trained on the use of the *Accessibility Checklist* (see Appendix E for roster of trained community shelter site surveyors as of September 25, 2008). These community members were split into 7 teams and surveyed a total of 12 sites for use as possible disaster shelter sites. Each team was provided with the tools needed to do this work and they were purchased specifically for this project. Tools included 24" digital levels, door pressure gauges, tape measures, clipboards and disposable cameras.

The data compiled by this pilot project is documented in Appendix F and identifies findings made by these teams.

PROTOCOLS FOR OPENING DISASTER SHELTER SITES TO MEET THE NEEDS OF VULNERABLE POPULATIONS

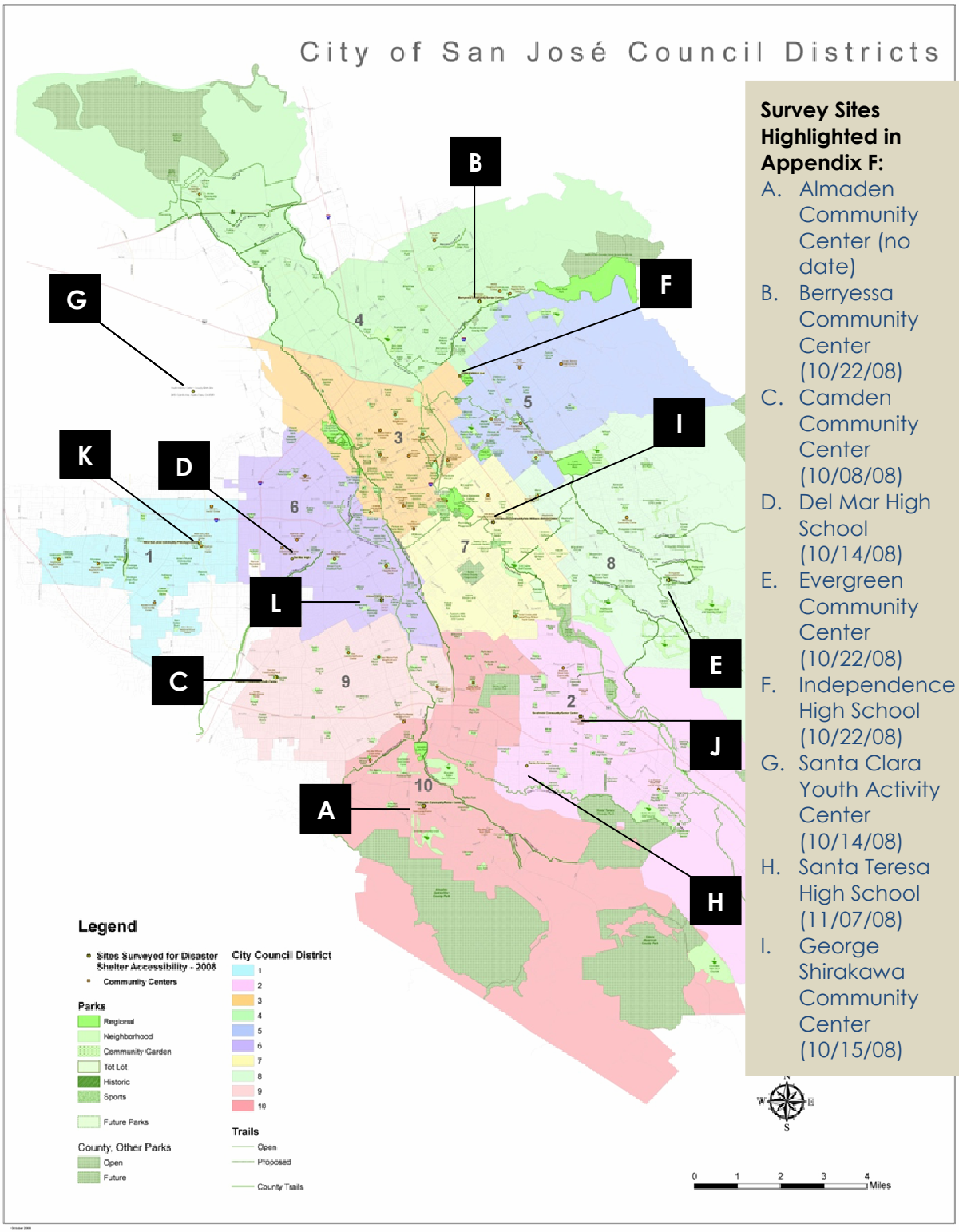
Ideally, every shelter opened in the City would be accessible and have all accommodations necessary for all populations. The reality is that not all of the facilities that may be utilized as a shelter may be opened nor will they have all of the assets needed to accommodate all populations. There are limited resources within city departments and community-based organizations. Therefore, partnerships between CBOs and government are desired to achieve the best possible combination of resources and coordination.

The City of San José will implement protocols to open as its first shelter in each council district an ADA accessible facility which will serve as a "hub." Community resources and supplies will be directed to these shelters to best meet the diverse functional needs of vulnerable populations.

OPENING ACCESSIBLE SHELTERS BY COUNCIL DISTRICT

To ensure that an accessible shelter is within reasonable distance to San José residents, the City's goal will be to open, as needed, a shelter within the boundaries of each of the 10 council districts that meets accessibility requirements. In doing so, the City will strive to ensure needed accommodations are available to create access and functionality for disaster-affected clients at these shelters. These shelters evaluated for accessibility will generally be among the first to open barring damage to the facilities themselves. Additional shelters may be opened in each district, but the shelters listed below are meant to ensure at least a minimum level/standard of shelter accessibility within each district. Additionally, the American Red Cross has shelters that can be identified and accessed through an online databases system that tracks facilities which American Red Cross has agreements with for sheltering.

City of San José Parks, Recreation and Neighborhood Services Emergency Shelters		
District	**Shelter**	**Address**
1	West San José Community Center	3707 Williams Road San José, CA 95117
2	Southside Community Center	5585 Cottle Rd. San José, CA 95123
3	Roosevelt Community Center (opening December 2008)	901 E. Santa Clara St. San José, CA 95116
4	Berryessa Community Center	3050 Berryessa Rd. San José, CA 95132
5	Mayfair Community Center (opening December 2008)	2039 Kammerer Ave. San José, CA 95116
6	Willows Senior Center	2175 Lincoln Ave. San José, CA 95125
7	George Shirakawa Community Center	2072 Lucretia Ave. San José, CA 95122
8	Evergreen Community Center	4860 San Felipe Rd. San José, CA 95135
9	Camden Community Center	3369 Union Ave. San José, CA 95124
10	Almaden Community Center	6445 Camden Ave. San José, CA 95120
Parks, Recreation and Neighborhood Services – (408) 535-3570		



Survey Sites Highlighted in Appendix F:

A. Almaden Community Center (no date)
B. Berryessa Community Center (10/22/08)
C. Camden Community Center (10/08/08)
D. Del Mar High School (10/14/08)
E. Evergreen Community Center (10/22/08)
F. Independence High School (10/22/08)
G. Santa Clara Youth Activity Center (10/14/08)
H. Santa Teresa High School (11/07/08)
I. George Shirakawa Community Center (10/15/08)

MEDICAL CONDITIONS AND TYPES OF SHELTER THAT ARE APPROPRIATE

The following table was published in 2001 by the State of California Emergency Medical Services Authority (EMSA) in a guide developed to assist emergency preparedness planners in care and sheltering of people with medical needs. The standards are still relevant and were utilized in the *SUASI Guide for Shelter Operations after a Disaster* released in August 2008.

Medical Condition	Examples	Shelter
Disabilities or medical conditions but able to meet own needs or have reliable caretakers to assist with personal and/or medical care	▪ Ambulatory, including those who use a walker ▪ Wheelchair-bound with own caretaker if one is needed ▪ Medically stable requiring minimal monitoring (e.g., blood pressure monitoring) ▪ Oxygen-dependant with own supplies ▪ Able to control medical conditions by self-administering medications (e.g., insulin) ▪ Able to mange for at least 72 hours without treatment or replacement of medications, supplies, or special equipment	General population shelter
No acute medical conditions but require medical monitoring, treatment, or personal care beyond what is available in general-population shelters	▪ Bedridden, stable, able to swallow ▪ Wheelchair-bound requiring complete assistance ▪ Insulin-dependent diabetic unable to monitor blood sugar or administer injections ▪ Requires assistance with tube feedings ▪ Draining wounds requiring frequent sterile dressing changes ▪ Oxygen-dependent; requires respiratory therapy or assistance with oxygen ▪ Incontinent; requires regular catheterization or bowel care	Medical treatment unit or temporary infirmary
Transferred from in-patients medical treatment facilities and require a level of care available only in a hospital or extended-care facility	▪ Bedridden, totally dependent, difficulty swallowing ▪ Requires dialysis ▪ Ventilator-dependent ▪ Requires electrical equipment to sustain life ▪ Critical medication requiring daily lab monitoring ▪ Requires continuous intravenous (IV) therapy ▪ Terminally ill	Hospital or extended-care facility

Source: Shelter Medical Group (2001)

SHELTERING MEDICALLY FRAGILE POPULATIONS

General population shelters typically accept people with minor injuries or illnesses, those with physical or emotional limitations who do not require intensive medical care, such as life-sustaining machines or constant nursing. If persons dependent on life-support equipment or home health care bring the equipment and/or personal support they receive at home to the shelter with them, a shelter may be able to accommodate their needs, particularly if they can section off a privacy area in the shelter.

Evacuees requiring skilled intensive care may be referred to an appropriate health care facility or to a medical treatment unit/temporary infirmary coordinated through the EOC. General population shelters cannot guarantee that there will be adequate medical or personal care staff or the necessary supplies or equipment for people who require such support.

Shelter managers, with assistance from a disaster medical nurse (if available) make decisions about the shelter's ability to properly serve a resident when the person enters the shelter. For persons with specialized medical needs, the shelter manager should work closely with the EOC Care and Shelter Coordinator to determine appropriate facilities to refer those evacuees.

SHELTER INTAKE PROTOCOLS

The American Red Cross has extensive experience opening shelters and providing mass care services to people affected by different types of disaster. ARC has recently developed an intake and assessment tool in partnership with the US Department of Health and Human Services. The most recent version of this tool from June 2008 is included as Appendix G to this document. At a minimum, a shelter intake process should ascertain needs related to critical services such as prescription medications, personal care assistance, dietary needs, etc. The following list of items should be addressed in a shelter intake process and are included on the attached form:

- Medicine
- Equipment or electricity to operate equipment
- Caregiver/personal assistant support

- Service animals
- Severe environmental, food or medication allergies
- Hearing assistance
- Sign language
- Visual assistance
- Mobility assistance

Staff members who are doing the initial intake process with shelter residents should have access to language and sign language interpreters to assist those with functionally defined communication needs such as those demonstrated by limited English proficient populations and deaf or hard-of-hearing individuals. They should also have access to medical and behavioral personnel who can make determinations regarding medical and mental health care.

This tool provides a starting point for both determining the needs of individuals as they come into the shelter and the resources individuals have brought with them. As shelter care transitions from the City of San José to American Red Cross during the duration of the disaster, the utilization of this tool will assist in helping to more quickly meet the functional and access needs of shelter clients.

GENERAL CONSIDERATIONS

The primary goal of emergency sheltering is to protect the life, safety and health of individuals. It is important to accomplish these goals while simultaneously respecting civil rights. For individuals with special needs in particular, this means focusing on appropriate assistance and integration into the system.

Disability civil rights laws require physical accessibility of shelter facilities, effective communication using multiple methods, full access to emergency services and reasonable modification of programs where needed. General population shelters should offer individuals with disabilities the same benefits provided those without disabilities. These benefits include safety, comfort, food, medical care and support of family and friends.

The following are general planning issues to consider while planning for shelter operations:

FUNCTIONAL SUPPORT TEAMS (FAST & FNSU)

In support of the National Response Framework (NRF), FEMA in collaboration with Federal and non-governmental (NGO) partners is developing the Functional Needs Support Unit (FNSU). Once the program is in place, a FNSU can be deployed as a "plug-in" to a mass-care shelter and, when necessary, can be a stand-alone shelter. Trained and certified shelter staff will be assigned by FEMA to the FNSU to serve as caregivers and provide the assistance normally supplied by a family member or attendant. Specific information regarding FNSUs and other sheltering considerations will be outlined in a guidance document from FEMA that is expected for release at a future date.[11]

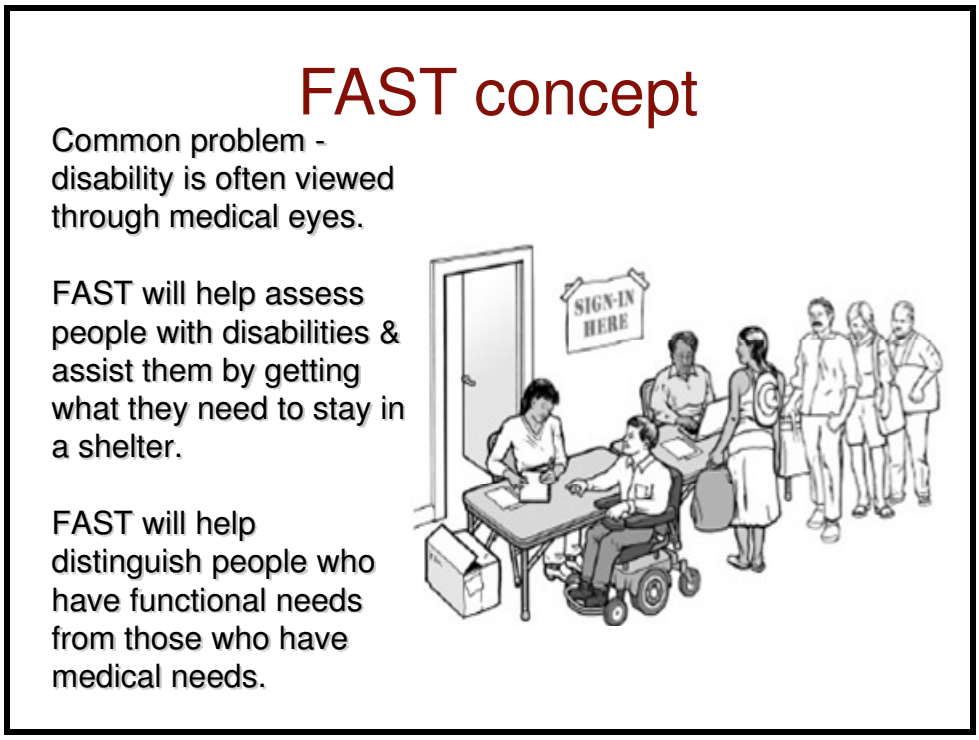
The State of California Department of Social Services is currently in the formative stage of building Functional Assessment Service Teams (FAST). The purpose of the FAST program is to provide staff to conduct a functional assessment of People with Disabilities and Elderly (PWD/E) as they arrive at shelters. This assessment will evaluate the essential functional needs that can be supported within the general shelter. FAST will be deployed as shelters are opened and remain in the shelters until it is determined that they are no longer needed. FAST will transfer to other shelters as needed or requested.

Those unable to be supported within the shelter will be relocated to a medical service section of the shelter or transported to a more appropriate medical facility.

FAST consists of corps of trained state government employees and CBO/NGO personnel ready to respond and deploy to disaster areas to work in shelters. FAST members have in-depth knowledge of the populations they serve, their needs, services, and resources

[11] Interim Emergency Management Planning Guide for Special Needs Populations: Federal Emergency Management Agency and DHS Office for Civil Rights and Civil Liberties, Version 1.0 August 15, 2008

including housing, benefit programs, and disaster aid programs. FAST will work side by side with shelter personnel and other emergency response workers to assist in meeting essential functional needs so people can maintain their independence during disasters and emergencies[12]. See Appendix H for more information on FAST.



SERVICE ANIMAL POLICY

Per FEMA Guidelines[13], the absence or presence of a service animal can mean the difference between a person who requires regular assistance from shelter staff and a person who can function independently. The ADA defines "service animal" as any "guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability."

Service animal jobs may include:

- Guiding individuals with impaired vision.

[12] California State Department Social Services FAST Plan, Appendix B

[13] Interim Emergency Management Planning Guide for Special Needs Populations: Federal Emergency Management Agency and DHS Office for Civil Rights and Civil Liberties, Version 1.0 August 15, 2008

- Alerting individuals who are deaf or hard of hearing (to intruders or sounds such as a baby's cry, the doorbell, and fire alarms).
- Pulling a wheelchair.
- Fetching dropped items.
- Alerting people to impending seizures.
- Assisting people with mobility disabilities with balance or stability.

Service animals are *not* household pets or companion animals (household pets are typically not allowed into shelters) but it can be difficult for first responders and shelter staff to delineate between the two because service animals do not have to be licensed or certified by the government. Likewise, the Americans with Disabilities Act (ADA) does not require service animals to have specific training. A person is not required to give you proof of a disability that requires a service animal. You should accept the claim and treat the animal as a service animal.

Service animals can also include psychiatric service animals. The Federal Department of Justice (DOJ) has recognized the definition of service animal to include a "psychiatric service animal." DOJ has made it clear that a psychiatric service animal is one that has been trained to do work or perform a task such as: reminding its owner to take medicine; detecting the onset of psychiatric disorders and helping ameliorate the effects for their owner; providing safety checks or room checks; and protecting disoriented individuals from danger.

A service animal must be in a harness or on a leash, but need not be muzzled and the animal may be excluded from a place ONLY if its behavior is a direct threat to the health or safety of people.

During a disaster, a service animal is expected to accompany its owner in rescue/evacuation vehicles and shelters, clinics, and any other facilities related to the emergency (such as a Federal Recovery Center). FEMA will be issuing additional guidance on the management of both household pets and service animals.

SECURITY

Shelters will be run to promote the safety and security of each resident within the shelter. Shelter rules should be established and posted clearly and provided at the time of registration. Shelter managers are encouraged to have staff posted at all entrances and exits to monitor the flow of people into and out of the shelter, prevent theft, and ensure appropriate check-in and check-out procedures.

If there is an identified need for security at a particular shelter, a request should be made to the City EOC. As a part of the overall Emergency Operations Plan, security can be made available in general circumstances but is not a pre-designated resource for shelter operations. Like any other logistical request, shelter staff should assess vulnerabilities and determine if security is a warranted need at each particular shelter site.

PRIVACY AREA

Some persons with disabilities must change catheter bags and attend to other personal hygiene needs. Elderly persons, person with psychiatric disabilities, nursing mothers and many others will benefit and be able to meet a multitude of personal needs with a designated privacy area.

Create a section of the shelter that is separate from the other shelter residents for use as a "privacy room" or provide multiple privacy rooms if at all possible. Even if it is done with tenting and fabric, it is a very valuable accommodation that is easily implemented.

SUGGESTED SHELTER LAYOUT OPTIONS FOR CONSIDERATION

No standard guidelines currently exist for the internal layout of the shelter space, however some options could be considered by shelter management staff prior to opening the facility.

Consider designating areas within the shelter environment for specific categories of shelter residents. For instance, offering an area to group families with small or school-aged

children together away from door to increase their security. ARC suggests the following considerations when designating areas in a shelter.[14]

ALLOCATING SPACE

• Registration area—should be near the main entrance
• Sleeping areas—you may need separate areas for the following:
  ○ Families with young children
  ○ Elderly people
  ○ Single men
  ○ Single women
  ○ Those who have special circumstances
• Meal preparation area and/or serving area
• Snack areas where food and beverages are available 24 hours a day
• Storage areas for food and supplies
• Play areas for children and recreation areas for teens and adults
• Disaster Health Services/Disaster Mental Health Services area
• Individual Client Services interviewing area
• Shelter manager's office
• Rest room for staff (in larger shelters)
• Media area

PAROLEES & REGISTERED SEX OFFENDERS

Questions often come up regarding how to deal with parolees or registered sex offenders in a shelter setting. The overall goal is to provide a safe space for all residents. ARC designates this responsibility to shelter managers until law enforcement can be notified regarding sex offenders. One common strategy utilized in California is to move them out of a congregate setting and into a motel. Shelters can work with law enforcement and check the state registry if there are concerns or as a common practice. Although sex

[14]Shelter Operations Participant's Workbook, American Red Cross Disaster Services, 2005

offenders, in most cases, are required by Meagan's law in California to register and self-identify, the chaos of a shelter setting may deter this taking place. Some shelter managers choose to cross-check the registry list. San José is still reviewing and determining local policies for parolees and registered sex offenders in a shelter setting.

Parolees are typically not handled any differently than a regular resident unless, like any other person, they create an unsafe environment for others. If that happens, then they are usually asked to leave the shelter.

WORKING WITH VULNERABLE SHELTER POPULATIONS

The following guidance includes tips and strategies for addressing some of the more common vulnerabilities and offers specific guidance on how to help to provide broader accessibility to services in a shelter setting. The goal is to support the continuity of critical services to these populations.

PEOPLE WITH MOBILITY DISABILITIES

Provide One-to-One Assistance

Ideally, seniors and people with disabilities would employ the resources of their own personal support system. If those support systems are not available in the shelter, request those resources from the EOC through the state or federal government through Functional Assessment Services Teams (State) or Functional Needs Support Unit (FEMA). These programs are both being developed as deployable resources to support seniors and people with disabilities.

Always ask the person how to help before beginning any assistance. Some people may need assistance getting out of bed or out of a chair, but CAN then proceed without assistance. It is better to ask and not make assumptions about the person's abilities.

Physically disabled persons may have less opportunity to access their personal items and medical supplies before evacuation.

- Prescriptions medications: If people arrive at shelters without their medication, identify if there is a need for emergency medication replacement.
- Durable Medical Equipment (DME): Identify if an individual needs a wheelchair, walker, cane or other equipment to provide functional independence.
- Personal Assistants (PA): Determine if an individual needs a personal care attendant or has brought one with them to assist with daily care such as bathing, dressing, feeding, etc.

Privacy Area

Create a section of the shelter that is separate from the other shelter residents for use a "privacy room". Some persons with disabilities must change catheter bags and attend to other personal hygiene needs.

PEOPLE WITH VISUAL DISABILITIES

There is a difference between visual impairment and blindness. Some people who are "legally blind" have some sight, while others are totally blind.

Provide One-to-One Assistance

Community volunteers or other shelter residents may be able to provide one-on-one assistance as sighted guides or readers. Offer assistance but let the person explain what help is needed. Do not grab or attempt to guide them without first asking them. Let the client grasp your arm or shoulder lightly for guidance.

Provide alternate format materials in Braille, large print or audio recording when possible.

Provide & Accommodate for Service Animals

By law, shelters must make accommodations for service animals. Be sure to provide adequate space and access to outdoors for residents with service animals.

- Offer a sleeping place in a separate room if possible. Other residents may have allergies to animal dander.
- People and their animal should sleep side-by-side, rather than separating the person and the animal

- Identify who is responsible for feeding and care of the service animal.
- Assign a dog relief area that is accessible and provide disposable feeding containers.

Provide Individualized Shelter Orientations

Shelter orientations serve to help people with visual disabilities adjust to the shelter environment.

- Provide a walk-through of areas within the shelter (e.g. bathrooms, sleeping and eating areas) to help with shelter familiarization; explain shelter schedule and rules; introduce to shelter staff.
- Provide a verbal mapping of the shelter facility and a walk through of the facility for people with visual disabilities; verbally explain any signage or written rules.
- Provide assistance with equipment such as phones.
- Assign a cot space in an area with a permanent fixture such as a wall or column and where access to eating areas and restrooms are unobstructed.
- Make sure all written announcement/instructions given to shelter residents are covered audibly for those with visual disabilities.

PEOPLE WHO ARE DEAF OR HARD OF HEARING (DHOH)

There is a difference between hard of hearing and deaf. People who are hearing impaired vary in the extent of hearing loss they experience. Some are completely deaf, while others can hear almost normally with hearing aids.

Provide One-to-One Assistance

Community volunteers or other shelter residents may be able to provide one-on-one assistance as translators, copying down oral information, instructions/directions into written format for the DHOH population.

Basic Communication

Have notepads, pens and pencils available at the shelter for staff or volunteers to use in communicating with individuals who are deaf or hard of hearing. Write slowly and let the individual read as you write. Post simple and/or pictorial communications in numerous locations. If possible, flick the lights when trying to get their attention. Provide the person

with a flashlight to signal their location in the event they are separated during an emergency. This will facilitate lip-reading or signing in the dark.

Sign Language Interpreters and Captioners

Post signs to recruit city staff and/or shelter residents fluent in Sign Language and/or captioning to assist with communications to the deaf or hard of hearing (DHOH). Through the City EOC, work with CADRE or other CBOs to request sign language interpreters to assist at shelters.

Provide Access to Media and Telecommunications

Use closed captioned televisions and TTY (text telephone) or TDD (telecommunications Device for the Deaf) and or use California Relay Service available thru 7-1-1, if possible. Through the City EOC, work with CADRE or other CBOs to request individuals trained to set up captioning and operate TTY or TDD equipment.

PEOPLE WITH DEVELOPMENTAL OR COGNITIVE DISABILITIES

The terms "developmental disability" and "cognitive disability" include a broad range of disorders that may impact a person's ability to listen, think, speak read, write, do math, or follow instructions. Examples of persons with developmental disabilities includes people with mental retardation, learning disabilities (such as dyslexia, and Attention Deficit Hyperactivity Disorder), and autism. Cognitive disabilities are sometimes seen in persons who have suffered a stroke, or head injury, or who have dementia.

Some additional things to consider in terms of support is that many people that fall into one of these categories will be able to tell you what they need in order to feel calm or safe so it is important to ask direct questions and listen carefully to their responses.

Provide One-to-One Assistance

Some people with these types of disabilities live independently while others with more severe disabilities may need assistance with nearly every aspect of living. Ideally, people with cognitive or developmental disabilities would employ the resources of or be with their own personal support system, particularly family and friends who know them. If not,

consider establishing a "buddy" system with volunteers who can provide reassurance, calm explanation and attention to individual needs.

- Prescriptions medications - People may arrive at shelters without their medications; determine if there is a need for emergency medication replacement.
- Encourage shelter staff to talk calmly and clearly - because the high level of noise and activity in a shelter can cause anxiety for some people with developmental disabilities, communicating calmly and clearly can help reassure clients. Keep announcements in simple language.
- Give extra time for the person to process what is being said and to respond
- Provide respect for the dignity of the person as an equal and as an adult. For example, speak directly to the person.
- Use short sentences, simple concrete words and accurate honest information.
- Ask or look for signs of stress and/or confusion. For example, the person might say he or she is stressed, look confused, withdraw or start rubbing their hands together.
- Attempt to find a quiet location for the person, especially if you need to talk with them.
- Avoid touching the person, and if necessary, gesture or slowly guide the person.
- If the person is showing obsessive or repetitive behaviors, or is fixated on a topic or object, try to avoid stopping these behaviors or taking the object away from them, unless there is risk to self or others.
- Make sure that the person is away from potential hazards or dangers (busy streets, etc.) since they may not have a fear of danger.
- Be alert to the possibility of outbursts or impulsive, unexplained behavior. If the person is not harming themselves or others, wait until these behaviors subside.
- Provide individual orientation if possible – if resources are available, offer clients individualized orientation to the shelter to allow the time to ask questions at their own pace and assure that they understand the shelter environment, rules and living conditions.

PEOPLE WITH MULTIPLE CHEMICAL SENSITIVITIES

If an individual appears to be sensitive to chemicals, ask what the person is sensitive to, including his or her history of reactions to various drugs you may have to administer. Whenever possible, keep the person's own medical supplies and equipment with them. Items may include oxygen mask and tubing; medications; special food and water; bedding; clothing; and soap. The person may experience adverse reactions to items issued at an unfamiliar shelter or hospital.

Possible strategies to assist these clients in a shelter:

- Provide them shelter in a private room
- Avoid placing the person in rooms with recent pesticide sprays, strong scented disinfectants or cleaners, new paint or carpet, or other recent remodeling.
- Place a sign on the door stating that the person inside has chemical sensitivities.
- Assign caregivers who are not wearing perfume or fabric softener on clothes and who are not smokers.
- Allow the person to wear a mask or respirator, use an air filter, or open a window as needed.

PEOPLE WITH MENTAL HEALTH NEEDS

You may not be able to identify if a person has mental health needs. If a person begins to exhibit unusual behavior, ask if they have any mental health issues of which you need to be aware. However, be aware that they may or may not tell you.

- In an emergency, the person may become confused. Speak slowly and in a normal, calm tone.
- If the person becomes agitated, help them find a quiet corner away from the confusion.
- Keep your communication simple, clear and brief.
- If they are confused, don't give multiple commands – ask or state one thing at a time.
- Be empathetic – show that you have heard them and care about what they have told you. Be reassuring.

- If the person is delusional, don't argue with them or try to "talk them out of it". Just let them know you are there to help them.
- Attempt to determine if they are prescribed medication.

PEOPLE WITH LIMITED ENGLISH PROFICIENCY OR NON-ENGLISH SPEAKING

The two most common non-English languages spoken in the City of San José are Spanish and Vietnamese. Many other diverse cultures are also represented in the City's population such as Japanese, Chinese, Farsi, Korean, Arabic, Tagalog and Russian.

Outreach

- Work with the media to identify non-English language media for radio, TV and newspapers.
- Work with CADRE and local CBOs who serve specific ethnic communities to help to reach diverse non-English speaking populations.
- Work with individual cultural/language media outlets to recruit volunteers and give out correct sheltering information, since many communities trust their media
- Work with liaisons such as FBOs, CBOs, etc. that individual communities trust

Bi-Lingual Assistance

- Ask bilingual shelter residents to volunteer and assist persons who are non-English speaking.
- Use city employees who are bilingual. Pre-identify bilingual staff and create a pool of potential employees who are bilingual. Keep a current paper copy of this list available to the EOC.
- Recruit bi-lingual volunteers from the Volunteer Center of Silicon Valley, local colleges or local CBOs in neighborhoods surrounding shelter populations.
- Private Translation Services - If possible, explore as one strategy to arrange agreements with private translation services to assist with care and shelter bilingual needs. Pre-publish shelter forms, directions and other materials in multiple languages.
- In shelters, it would be helpful to include radio/TV focusing on nationality/language on one section to comfort and keep people in shelters informed. E.g. Spanish media one corner Vietnamese in another corner

- Signage in shelters, when possible, should reflect the population using the shelter (either have them made before hand or have residents make them)
- Prepare cultural meals if possible (not a day 1 issue but maybe day 5 issue)
- Consider dominant health issues for different populations like diabetes into planning
- If there are any cultural holidays, celebrations, or events, incorporate them into the shelter when possible

SENIORS

Provide One-to-One Assistance

Ideally, seniors and people with disabilities would employ the resources of their own personal support system which would include their own buddy system. If those support systems are not available in the shelter, request those resources from the EOC through either city/county aging programs or the state or federal government's Functional Assessment Services Teams (State) or Functional Needs Support Unit (FEMA). These programs are both being developed as deployable resources to support seniors and people with disabilities.

Be sure to identify needs at registration:

- Prescriptions medications: People may arrive at shelters without their medications; identify if there is a need for emergency medication replacement
- Determine if there is need for Durable Medical Equipment (DME): Identify if an individual needs a wheelchair, walker, cane or other equipment to provide functional independence.
- Personal Assistants (PA): Determine if client needs personal care attendant or has brought one with them to assist with daily care such as bathing, dressing, feeding, etc.
- Some elderly persons may respond more slowly to a crisis and may not fully understand the extent of the emergency. Repeat questions and answers if necessary. Be patient! Taking time to listen carefully or to explain again may take less time than dealing with a confused person who may be less willing to cooperate.
- Reassure the person that they will receive medical assistance without fear of being placed in a nursing home.

- Older people may fear being removed from their homes – be sympathetic and understanding and explain that this relocation is temporary.
- Persons with a hearing loss may appear disoriented and confused when all that is really "wrong" is that they can't hear you. Determine if the person has a hearing aid. If they do, is it available and working? If it isn't, can you get a new battery to make it work? (See the tips for People Who Are Deaf or Hard of Hearing for more information).
- If the person has dementia, identify yourself and explain where they are and why. Speak slowly, using short words in a calm voice. Ask "yes" or "no" questions: repeat them if necessary. Maintain eye contact.

CHILDREN

Care and Shelter Planning Tips for Unaccompanied/Unsupervised Children

Following a disaster, many children and families can be separated:

Reunification of children with parents is the highest priority for unaccompanied children.

Plan to help with the reunification of families who are separated during the disaster.

- Work with American Red Cross Disaster Welfare Inquiry Program to help reunify children with parents
- If a child arrives at the shelter without a parent, get the parent's name and try to locate the parent. Plan for a qualified staff person to supervise the child until such a time that the parent or guardian can be located. Consider assigning those city staff from recreation programs or other programs that are screened and trained to work with children to provide interim supervision.
- If the child is not picked up within 72 hours, contact Child Protective Services (CPS) through the City and/or County Emergency Operations Center (EOC).

All Children

When a disaster strikes, children have three unique areas of need that must be addressed to ensure their safety and well-being: physical protection, psychosocial protection and cognitive protection. These needs have been the basis for child-focused disaster programming in the United States that includes the *Safe Spaces Program* developed by Save the Children. See *usemergency@savechildren.org* web site for more information from this National VOAD member agency.

Safe Spaces take many different forms depending upon the emergency. They can be located under trees, tents, in schools or any available spaces. They are designed for children who are toilet trained through age 12, with older children being encouraged to participate by helping adult caregivers and interacting with younger children. Designate a play area for children in the shelter:

- If space permits, designate a play area for shelter children
- If possible, obtain games, toys, writing and coloring materials and other activities to entertain children. These distractions will help children and parents cope during a stressful time.

A "U.S. Safe Spaces Program Manual – revised April 2008" has been provided to the City of San José as well as each jurisdiction in Santa Clara County for use by the Care and Shelter branch of the EOC. This manual provides guidance for use during the first 48-72 hours following a disaster and is written as a guide for Safe Spaces volunteers and emergency response staff in shelters to set up and run Safe Spaces for children.

Kits are available to be requested through the local American Red Cross chapter for use in individual shelter sites. Fifty (50) such kits are in the Bay Area region with three (3) currently housed in Santa Clara County. If Kits are not available, see Appendix I for more information on suggested supplies.

Safe Spaces are not child care. Parents and guardians must remain on the physical premises of the emergency site when a child in their care is utilizing the program. It provides a safe place for children to play while family members are seeking on-site information, registering for disaster services or otherwise taking part in their rebuilding and recovery process. Consider mental health support for children, especially those separated from their parents. See Appendix J for "How to Help Kids Cope with Disaster – Ten Tips from Save the Children."

Procure supplies: Anticipate the need for diapers, formula, baby food, bottles, etc. for young children who arrive at the shelter.

PRE-DISASTER HOMELESS PERSONS

A large-scale disaster may disrupt the usual sources of food and shelter for persons who were homeless prior to disaster. Pre-disaster homeless persons will have to be integrated at disaster shelters with people who are temporarily homeless. Those who are chronically homeless may have pre-existing medical, mental and substance abuse issues. A challenge is to maintain the continuity of pre-disaster shelter programs so that they can continue to serve the existing pre-disaster homeless population.

Care Shelter Planning Tips for Pre-Disaster Homeless Population

- Work with the City and/or County Emergency Operations Center (EOC) to keep pre-disaster shelter programs open.
- Homeless shelters generally run at full capacity, but will accept more persons after a disaster. A helpful tool would be to keep an updated referral list of pre-disaster homeless shelter programs and work closely with the City of San José Housing and Homeless Services Program to establish a referral list of pre-disaster homeless shelters. In the list, include which populations are typically served by the shelter and if they are equipped to serve individuals with special needs or other special populations (sex offenders, drug abuse, mental health, etc). List programs' levels of ADA compliance. *Tip - homeless individuals will try to go to the shelters they typically use.*
- When pre-disaster homeless persons comprise part of the shelter population, there may be a need for additional support services. This includes:
    - Substance abuse addiction
    - Mental health services
    - Transitional housing assistance
    - Medical services
    - Transportation
- Request operational area support from Department of Social Services (DPSS) or County Public Health through the City of San José EOC.
- Request operational area support from Department of Social Services (DPSS) or County Public Health through the City of San José EOC.

PEOPLE WHO ARE ISOLATED (GEOGRAPHICALLY, IMMIGRANTS AND REFUGEES) OR TRANSPORTATION DISADVANTAGED

These populations include persons who are both socially and geographically isolated, including very low income persons, undocumented residents and persons living in remote areas of the jurisdiction.

- Outreach efforts are critical to these populations and they may not access services as easily as others. One strategy would be to use volunteers in the shelters and free up experienced staff to provide outreach to encampments and remote locations.
- Anticipate long term support for many of these populations, particularly those made homeless by the disaster (many will not have their own means to establish alternative housing). Work with Cities, County Social Services and CADRE to provide necessary services as they transition out of the shelter.
- Risk communication materials should be simple, easy to read and pictorial.
- Many immigrants refuse services because of wrong information or rumors. Work with local ethnic media outlets, trusted CBOs, FBOs and trusted sources to get them the correct information.
- Undocumented residents may be leery of accepting services that require paperwork, such as sheltering. Provide services to these individuals to whatever extent is possible.
- New immigrants, especially from less developed countries, may respond to an earthquake disaster by refusing to be inside. The tendency will be to camp outside during periods of aftershock. Utilize outside areas to accommodate this desire in order to keep individuals nearby so they can receive services.
- Para-transit and day to day resources are stretched beyond capacity in times of emergencies or disaster. City staff should consider plan for back-up transportation options utilizing other resources such as cab companies, private bus and limo companies, etc. These companies may also have their own fuel resources.
- When possible, create mutual agreements in advance.

VII. DE-MOBILIZATION

INTERIM TRANSITIONAL HOUSING

The City of San José is vulnerable to disasters which may require recovery periods of a few weeks to a few years wherein evacuees will need transitional housing after emergency shelters close. While some will seek housing assistance from relatives and friends, it is anticipated that many people will rely on local government and community services to transition out of shelters to post-disaster housing.

Post-disaster housing assistance programs provide for the short and long-term housing needs of individuals and families who have lost their place of residence in a major disaster or large-scale emergency by:

- providing them with a mechanism for reporting damage
- arranging for temporary housing while their homes are being repaired or rebuilt
- helping them identify alternative housing arrangements
- supporting their ability to make structural repairs that will enable them to return to their homes
- supporting their ability to rebuild[15]

In addition to the preparedness, medical and community assumptions outlined in this annex, assumptions that are directly related to transitional housing planning include:

- Earthquakes, wildfires, flooding and other major disasters will cause moderate or major damage to the homes of San José residents.
- Post-disaster housing needs could range from a few weeks to a few years.

[15] National Association of Information and Referral Systems (AIRS). The Airs / 211 LA County Taxonomy of Human Services. 1 August 2008 <http://www.211taxonomy.org/>.

- San José is among the nation's highest in real estate prices and most of the geographic area is already developed.
- It is likely that transportation systems and public utility services will be impacted and may affect efforts to address post-disaster housing needs.
- Many of the potential disasters that will affect San José are likely to affect the rest of the Bay Area. This can result in local jurisdictions competing for state and federal housing assistance resources.
- Local government and community organizations will be functioning at a lowered and less efficient capacity.
- The majority of San José residents have not safeguarded or retrofitted their homes. Lack of insurance will affect the timely repair or replacement of many homes. See the following table for figures.[16]

The City of San José's goal is to transition shelter residents to interim or long term housing as soon as possible. Appendix K contains the Framework for Transitional Disaster Housing. This framework presents recommendations and information that will help establish a foundation for a transitional housing plan designed to meet the potential housing needs of displaced San José residents after a disaster. In addition to a list of recommended activities and considerations, this framework presents a historical context for transitional disaster housing in the local area as well as an example of a local county transitional housing plan.

TRANSITION TO LONG TERM RECOVERY

As shelters follow city protocols for de-mobilization and clients are transitioned to interim or long-term housing when shelters close, it is critical that the demobilization process followed for closing a shelter takes into account the continuity of services needed for those most vulnerable.

[16] Association of Bay Area Governments. ABAG Earthquakes and Hazards Maps/Info. 6 March 2008. 1 August 2008 <http://quake.abag.ca.gov/>.

The difficulties of the recovery phase of disaster can be compounded for individuals with special needs. In addition to personal losses and injuries, individuals with special needs might lose vital connections with personal care providers, service animals, community liaisons, public transportation, neighbors, and other people integral to their everyday support network. These disconnections create disruptions in services that people with special needs rely on to participate in daily life.

In addition, navigating the recovery process and accessing services is a challenge for anyone and it is especially important that organizations providing direct services to people with disabilities and older adults are integrated into Local Assistance Centers and Disaster Recovery Centers. Recognizing that not all individuals go to Local Assistance Centers and Disaster Recovery Centers, descriptions of services should be disseminated using multiple communications arteries (e.g. radio, TV, internet, fact sheets, posters, etc.) Materials should be available in alternate forms that include:

- Large Print (14 point font or greater)
- Braille
- CD
- Electronic
- Audio

Long term recovery efforts will begin almost immediately after the disaster starts with the goal of moving those affected by the disaster to a place of self-sufficiency as soon as possible. Long term recovery typically follows a case management model and CADRE will assist with transitioning the coordination of CBO resources and services provided during response and recovery to the entity that is designated to lead long term recovery in each disaster.

National Voluntary Organizations Active in Disaster (NVOAD), the California State affiliates (Northern California VOAD and Southern California VOAD), the ARC and the City of San José will all play important roles in the transition to long-term recovery. It is important that the unmet needs identified in the recovery process – even those that are individual and case-by-case - be transitioned to the designated lead for long term recovery in Santa

Clara County. The following table outlines successful recovery models identified by NVOAD.

Organizing Long-Term recovery involves identifying key players and resources available in the community. The City of San José will work closely with CADRE as the designated Northern California VOAD for Santa Clara County and surrounding jurisdictions to determine partners available and who have capacity to participate and possibly lead in the long term recovery process. Organizations that understand case management, such as Catholic Charities, are critical players in helping residents with unmet needs recover from the disaster. Appendix A identifies national organizations and the role they can play in long-term recovery.

SUCCESSFUL LONG-TERM RECOVERY GROUP MODELS

Long-Term Recovery Organization (LTRO)

A coalition or organization with formal structure

Long-Term Recovery Committee (LTRC)

A table/venue for collaborative and coordinated recovery efforts

Interfaith or Faith-Based

An LTRO or LTRC that has faith community values and leadership in its core mission

VIII. AUTHORITIES AND REFERENCES

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IX. APPENDICES

A. NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER (NVOAD) DISASTER ROLES

B. COLLABORATING AGENCIES' DISASTER RELIEF EFFORT (CADRE) BROCHURE

C. VIAL OF LIFE FORM

D. ACCESSIBILITY CHECKLIST FOR DISASTER SHELTERS

E. LIST OF PEOPLE WHO HAVE COMPLETED SHELTER ACCESSIBILITY TRAINING

F. SHELTER SITE ACCESSIBILITY SURVEY FINDINGS

G. SHELTER ASSESSMENT INTAKE TOOL – AMERICAN RED CROSS AND US DEPT. OF HEALTH & HUMAN SERVICES (6-20-08)

H. FUNCTIONAL ASSESSMENT & SERVICE TEAMS (FAST)

I. SAFE SPACE KIT CONTENTS

J. HOW TO HELP CHILDREN COPE – 10 TIPS FROM SAVE THE CHILDREN, INC.

K. INTERIM TRANSITIONAL HOUSING PROTOCOLS

L. STAKEHOLDER MEETING ATTENDEES MARCH – NOVEMBER 2008

M. OUTSTANDING PLANNING ISSUES FOR SHELTERING VULNERABLE POPULATIONS